

Current Challenges and Future Dilemmas Facing the Orthodontic Profession

Proceedings of a Workshop

The College of Diplomates of the American Board of Orthodontics

Sun Valley, Idaho,
July 21–25, 2001

Samir E. Bishara, BDS, DDS, DOrtho, MS^a; Robert Nemeth, BS, DDS, MS^b

INTRODUCTION

During the 23rd Annual Meeting of the College of Diplomats of the American Board of Orthodontics (CDABO), President Dr John Kanyusik and the organizing Committee suggested a workshop to identify current challenges and future dilemmas within the orthodontic profession, as perceived by the attending Diplomats. The purpose of the workshop was to provide a forum for the Diplomats to come to a consensus and to prioritize what they consider to be the most important challenges facing our profession now and in the foreseeable future.

Of the 145 Diplomats attending the meeting, 77 (53%) participated in various discussion groups on Tuesday, July 24, 2001. Dr Robert Nemeth divided the participants into six groups led by the following Chairs and Co-Chairs: Drs Jerry Capps, John Carter, David Drake, Bruce Goldstein, Terry Guenther, Jim Fellman, Ed Herremans, Rebecca Poling, Darrell Schmidt, Tom Skafidas, Bob Staley, and Bill Wallert.

Although there were a number of issues of great concern to the orthodontic profession, the CDABO forum addressed only three specific topics. The following areas were the focus of the discussion during the workshop and the subsequent town meeting:

- I. Orthodontic Education
- II. Board Certification/Recertification
- III. Practice Modalities/Patient Care

The leaders of each discussion group summarized the

consensus of the participants in each of the six working groups, and these summaries in turn provide the current overall consensus.

To streamline the discussion for each topic, the following three questions were provided:

- What are the current dilemmas?
- What are the future challenges?
- What are the possible solutions?

This report will follow the same guidelines provided to the participants.

I. ORTHODONTIC EDUCATION

What are the current dilemmas in orthodontic education?

- There is a real crisis in dental education and particularly in orthodontic education.
- Funds are not available to attract and retain full-time educators.
- The nature of the orthodontic profession and the aspirations of the students entering the residency programs are changing. The educational system is not efficiently responding to these new needs.
- The income from the orthodontic departments is used as an important financial resource to the dental schools.

What are the future challenges in orthodontic education?

- Design a new graduate orthodontic educational model to adapt to the current challenges of training good clinicians.
- Improve the University/Orthodontic Department power

^a Professor of Orthodontics, College of Dentistry, University of Iowa, Iowa City, Iowa.

^b Private Practice of Orthodontics, Saint Cloud, Minn.

structure and financial relationships, ie, give the departments more autonomy and resources.

- Board certify more of the faculty.

What are possible solutions to the perceived problems in orthodontic education?

A. Actions by organized dentistry:

- The American Association of Orthodontists (AAO) and the CDABO should jointly produce a consensus report about the current status in orthodontic education and share it with all the deans, chancellors, trustees, and so on.
- The AAO should develop a list of problems facing our profession and a plan of action to solve these problems and include the role of the educational institutions in such a plan.
- The American Association of Orthodontists Foundation (AOF) needs to devote more resources to help support the faculty academically and include more funding of research projects.
- Need to generate funds for endowed chairs and also to supplement funds for salaries.
- The American Dental Association (ADA) should consider a new dental educational model for graduate programs.
- The American Board of Orthodontists (ABO) should allow the faculty to use some of the cases they supervise in the clinic for certification.

B. Actions by educational institutions:

- Run orthodontic departments like private practices and keep most of the income, including faculty salary, in the departments to improve their functions.
- Give residents stipends for teaching.
- Select residents who have potential to be good educators.
- Modify preceptorship program, ie, send senior graduate students to work in a private practice for short periods.
- Work with other specialties, eg, oral surgery, prosthodontics, and so on, to change the financial incentive within the universities.
- Adjust the educational thought process to meet the needs of today's graduate students.
- Seek department chairs that are progressive, can create a good departmental environment, and are strong leaders.

C. Actions by individuals or on a local level:

- Alumni group should attempt to influence the University and Collegiate administration regarding the needs of the orthodontic departments.
- Alumni may withhold financial support from the University, but only as a last resort.

BOARD CERTIFICATION

What are the current dilemmas in Board certification/recertification?

- What value does Board certification provide? There are no practical incentives beyond personal pride.
- The time it takes to be Board certified is excessive. On the other hand, there are more orthodontists retiring than new Board-certified orthodontists.
- A faster and more effective track is needed to complete Phase III.
- Only 20% of the AAO members are Board certified. How do we make it more of an inclusive rather than exclusive group?
- Recertification is too cumbersome—another hurdle to jump.
- How do we get all academicians to become Board certified?
- The Board has its own mindset.

What are the future challenges in Board certification/recertification?

- Graying of our profession may negatively affect the percentage of orthodontists who are Board certified. As a result, the Board needs to think about alternatives for Board certification and recertification.
- How will NBO certification affect ABO certification?
- How will dentists and the public become educated about the value of Board certification? In other words, we need to create an international Board.
- Practical incentives to seek certification need to be created, and the percentage of Board-certified members in the AAO should be raised.

What are possible solutions to the perceived problems in Board certification/recertification?

A. Actions by organized dentistry:

- Incentive is the name of the game.
- Colleagues are encouraged to take Board certifications, and senior members are allowed to be grandfathered-in by just showing cases and not having to study for the Phase II written examination.
- Phase III needs to be evaluated, modified, or both to develop faster track to certify.
- Make all student cases eligible for Board certification.
- Make cases that are supervised by faculty eligible for Board certification.
- Develop a two-tier certification program, one for academics and one for clinicians. Another opinion is not to have a two-tier system.
- Recertification needs to be modified and may use continuing education courses for credit.

- The ABO and departments need to work together to encourage the leadership in orthodontic programs in order to promote Board certification.
- The current Board is working hard and on the right track, but it needs to develop computer-driven tests and simplify recertification.

B. Actions by educational institutions:

- Student should take the Phase II written examination to complete the requirement for the residency program.
- Start advocating Board certification from day 1 in orthodontic education. Let the students know it is the thing to do.

C. Actions by individuals or on local level:

- Participate in the CDABO mentoring programs to encourage colleagues to be Board certified.

PRACTICE MODALITIES AND PATIENT CARE

What are the current dilemmas in practice modalities and patient care?

- Ethical issues facing the clinician:
 - (a) Early vs late treatment.
 - (b) Delegation of duties to staff.
 - (c) Emphasis on efficiency vs patient care.
- How to ensure quality care and comply with government controls, eg, the Occupational Safety and Health Administration (OSHA) (ergonomics) rule that states colored ligature ties may harm patients (California Proposition 65).
- Issues of transitioning:
 - (a) Solo vs group practice.
 - (b) Demographic problems, eg, more orthodontists are retiring than entering the profession.
 - (c) Indecisiveness of the new graduates regarding the type of practice they want.
- Not enough useful CE courses.
- Having educationally qualified and trained staff.
- Responding to media publicity and coverage of orthodontics, eg, *Dateline*.
- Elitist attitude of some orthodontists.
- Management Service Organization (MSO) and their effect on quality of care.

What are the future challenges in practice modalities and patient care?

- Loss of quality in patient care delivery (too much delegation).

- Staff recruitment and retention is difficult.
- Change in patient expectations (patients want quick treatment).
- Practice modalities driven by orthodontic companies.

What are possible solutions to the perceived problem in practice modalities and patient care?

A. Actions by organized dentistry:

- The AAO should clearly identify and explain the current and future manpower needs of our specialty and continue surveying the situation.
- The ABO should consider faster Board certification and simpler recertification.
- Provide better training opportunities for staff.
- Provide good CE courses.

B. Actions by educational institutions:

- Increase the number of students in orthodontic programs or start new orthodontic programs.
- Better selection and training of residents with emphasis on quality patient care and helping patients.
- Recruit residents and staff who have integrity.

C. Actions by state organizations:

- Have a mentoring program and involve mentors early in the career of the graduating orthodontist.
- Use technology advancements to serve the patient and also to have a more efficient practice.
- Make practice transition a win-win situation for the senior and junior partners.
- Have programs that teach better communication between the patient or parents and the office staff.

On the final day of the meeting, the attending Diplomats discussed the various aspects of this consensus and encouraged the College to disseminate the Proceedings and to request feedback from the various interested parties.

CONCLUSIONS

A number of concerns facing our orthodontic profession, as perceived by the Diplomats who attended the 2001 Annual Meeting of the CDABO, were discussed. The Diplomats suggested possible solutions for some of these problems to be considered by the AAO, ABO, AAOE, ADA, local orthodontic societies, educational institutions, and individual members of our profession.

The CDABO encourages all interested parties and their respective organizations to carefully evaluate this Consensus Report and to seriously consider implementing these suggestions.